

No. W 33335		Due no later than Sep 30, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		STEPHANIE C WESTERMEIER 1055 N CURTIS RD BOISE ID 83706			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		TAMARACK MEDICAL CLINIC, LLC C/O OFFICE OF GENERAL COUNSEL 1055 N CURTIS RD BOISE ID 83706					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	SAINT ALPHONSUS DIVERSIFIED CARE, INC.	1055 N CURTIS RD	BOISE	ID	USA	83706	
MEMBER	CASCADE MEDICAL CENTER	402 OLD STATE HIGHWAY	CASCADE	ID	USA	83611	
5. Organized Under the Laws of: ID W 33335		6. Annual Report must be signed.* Signature: Kenneth W. Fry Name (type or print): Kenneth W. Fry					
		Date: 07/31/2009 Title: President, Diversified Care					
Processed 07/31/2009		* Electronically provided signatures are accepted as original signatures.					